

years. The subcommittee has analyzed these and concluded that despite large operating losses in recent months the financial condition of the Winsted Memorial Hospital on 31 August 1990 is quite healthy. (See Appendix D for this financial report).

Numerous helpful interviews were conducted with individuals who were knowledgeable about Winsted and Charlotte Hungerford hospitals to understand the actions of The Holding Company and the problems of Winsted Memorial Hospital.

Since health care does not begin and end with the boundaries of a hospital but includes allied health services found in the community, the subcommittee sought the views of the director of Regional Health Services, located in Winsted, and serving many other communities. Her comments remind us that hospitals must be sensitive to smooth transitions of patients from a hospital stay to home care. This means that hospital staffing must be adequate to respond to those critical junctures at which one health care provider is replacing another from a different organization.

Following Emerson's observation that "The field cannot well be seen from within the field," the subcommittee reached beyond Winsted to deepen its understanding of hospital problems, acquiring helpful publications, speaking with physicians elsewhere and with persons in the business of helping small hospitals, and listening to what users of small hospital said. In pursuing such inquiries the subcommittee found opportunities to "see beyond the range of our vision," in the words of E.B. White, and to discover "a saving radiance in the sky." Exercises to learn about the past and present are important to know what is possible in the future.

Despite the upheavals of these last few years and the substantial problems and challenges facing the Hospital, including an unfortunate level of deferred maintenance, there remains room for a disciplined

optimism about the future. A combination of competent administration and management, dedicated physicians, nurses, allied health and support staff, an organized community intelligence and formal involvement in Hospital affairs, and a responsive Board of Directors -- all bound by a shared vision of what the Hospital is about - are necessary conditions. ~~The creation of~~ the these conditions will not be served up on a silver platter. They will require a sustained effort on everybody's part. Our work is cut out for us as a community.

November 5, 1990

ADDENDUM to the WINSTED MEMORIAL HOSPITAL ADVISORY COMMITTEE REPORT

Please make the following changes:

page 2 - Item 1, 4th line should read:

(the Holding Company) and that thereafter....

page 8 - 2nd paragraph, 1st line should read:

This process of disintegration of community began a long time ago.

page 9 - 3rd paragraph should read:

It is important constantly....

page 12 - 1st paragraph - 3rd line should read:

...and the help, advice and interest....

4th paragraph - last line should read:

..extraordinary dependence on the advice of expert.

page 15 - 3rd paragraph 5th line should read:

between the two hospitals, others favored the "bigger is better"

page 20 - 1st paragraph 4th line should read:

.. Hospital, Michael Baxa has readily welcomed ideas.....

page 21 - 3rd paragraph 5th line should read:

Winsted Memorial Hospital on August 31, 1990 was healthy...

WINSTED MEMORIAL HOSPITAL ADVISORY COMMITTEE
MEMBERS.

Carmen Bazzano
Winsted, Conn.

Robert Caley
Winsted, Conn.

Laura Carter
Canton, Conn.

Deborah Church
Pleasant Valley, Conn.

Joseph Isaacson
Winsted, Conn.

William Kennedy
Granby, Conn.

Lee Ann LaClaire
Winsted, Conn.

Robert Green
Sandisfield, Mass.

Jennifer Gouthier (Alternate)
Winchester Center, Conn.

Claire Nader
Winsted, Conn.

William Riiska
Winsted, Conn.

Leslie Tury, M.D.
Winsted, Conn.

Dina Waker
New Hartford, Conn.